

**COMMUNITY HOUSING IMPROVEMENT PROGRAM
CONTRACTOR APPLICATION**

GENERAL INFORMATION

Company Name _____

Application Date _____

Street Number / Name _____

City _____

State / Zip _____

Telephone Number _____

Federal Tax ID / Social Security # _____

Number of Tradesmen Employed _____

Initial Date of Operation _____

List Registration / License Numbers *(Please attach copies of all documentation)*

Yearly gross volume of contracted work:

☐ 0-25K

☐ 25-50K

☐ 50-100K

☐ 100K+

☐ 250K+

Check all that apply and provide explanation:

☐ Trade / Contractor Association Member _____

☐ Defaulted on any contract _____

☐ Judgements filed for any reason _____

☐ Federal or State ineligible _____

☐ Equal employment opportunity policy _____

Type of Company:

Sole Proprietor ☐

Partnership ☐

Corporation ☐

Specialties (In - House):

Electrical ☐

Plumbing ☐

Heating ☐

Roofing ☐

Masonry ☐

Carpentry ☐

Excavation ☐

Other ☐

LIST OF OWNERS

Name _____

Title _____

Social Security Number _____

Street Number / Name _____

Telephone Number _____

City _____

State / Zip _____

Cellular Number _____

Name _____

Title _____

Social Security Number _____

Street Number / Name _____

Telephone Number _____

City _____

State / Zip _____

Cellular Number _____

Name _____

Title _____

Social Security Number _____

Street Number / Name _____

Telephone Number _____

City _____

State / Zip _____

Cellular Number _____

OPTIONAL OWNERSHIP INFORMATION

The following information is for statistical purposes only:

White ☐ Black ☐ Hispanic ☐ Other ☐

Gender: Male ☐

Female ☐

INSURANCE INFORMATION

NOTE: Proof of coverage and **all** agent information **MUST ACCOMPANY** this application

Check **all** that apply and complete coverage dates:

<input type="checkbox"/>	Public Liability	Valid From _____	To _____
<input type="checkbox"/>	Liability - Minimum Coverage of \$25K per person & \$100K per occupancy		
<input type="checkbox"/>	Property Damage	Valid From _____	To _____
<input type="checkbox"/>	Property - Minimum Coverage of \$50K for life of contract		
<input type="checkbox"/>	Performance Bond	Valid From _____	To _____
<input type="checkbox"/>	Bond - Minimum Coverage of \$10K		
<input type="checkbox"/>	BWC	Valid From _____	To _____

SUPPLIER REFERENCES

Company Name _____			Contact Individual _____
Street Number / Name _____	City _____	State / Zip _____	Telephone Number _____
Company Name _____			Contact Individual _____
Street Number / Name _____	City _____	State / Zip _____	Telephone Number _____
Company Name _____			Contact Individual _____
Street Number / Name _____	City _____	State / Zip _____	Telephone Number _____

SUBCONTRACTOR REFERENCES

Company Name _____			Contact Individual _____
Street Number / Name _____	City _____	State / Zip _____	Telephone Number _____
Company Name _____			Contact Individual _____
Street Number / Name _____	City _____	State / Zip _____	Telephone Number _____
Company Name _____			Contact Individual _____
Street Number / Name _____	City _____	State / Zip _____	Telephone Number _____

CLIENT REFERENCES

Individual Name _____			Date / Type of Project _____
Street Number / Name _____	City _____	State / Zip _____	Telephone Number _____
Individual Name _____			Date / Type of Project _____
Street Number / Name _____	City _____	State / Zip _____	Telephone Number _____
Individual Name _____			Date / Type of Project _____
Street Number / Name _____	City _____	State / Zip _____	Telephone Number _____

PERSONAL REFERENCES

Individual Name

Years Known

Street Number / Name

City

State / Zip

Telephone Number

Individual Name

Years Known

Street Number / Name

City

State / Zip

Telephone Number

Individual Name

Years Known

Street Number / Name

City

State / Zip

Telephone Number

BANK REFERENCES

Bank / Branch

Contact Individual

Account Type / Number

Street Number / Name

City

State / Zip

Telephone Number

Bank / Branch

Contact Individual

Account Type / Number

Street Number / Name

City

State / Zip

Telephone Number

Bank / Branch

Contact Individual

Account Type / Number

Street Number / Name

City

State / Zip

Telephone Number

PRIMARY CONTRACTOR'S SUBCONTRACTOR LIST

Company Name

Contact Individual

Street Number / Name

City

State / Zip

Telephone Number

Company Name

Contact Individual

Street Number / Name

City

State / Zip

Telephone Number

Company Name

Contact Individual

Street Number / Name

City

State / Zip

Telephone Number

By signing this document, I / We hereby certify the above information is true and complete, and hereby authorize the Housing Rehabilitation Program to verify all information supplied on this application, by contacting any and all of the above parties, and to obtain a credit report.

Owner Signature

Title

Date

Owner Signature

Title

Date

OFFICE USE ONLY

☐

Insurance Documents Submitted

☐

Better Business Bureau Contacted

☐

Identification Documents Copied

☐

Credit Bureau Contacted

QUALIFICATION STATUS

☐

CONTRACTOR APPROVED

☐

CONTRACTOR DISAPPROVED